

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |

FILED UNDER 35 U.S.C. 371

PATENT NUMBER

## U.S. UTILITY Patent Application

|                                   |             |
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| O.I.P.E.                          | PATENT DATE |
| SCANNED <u>LM3</u> Q.A. <u>88</u> |             |

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| APPLICATION NO.<br>09/914308 | CONT/PRIOR<br>D F | CLASS<br>455 | SUBCLASS<br>432 | ART UNIT<br>2682 | EXAMINER<br><i>Kline</i> |
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## APPLICANTS

Jukka Vialen  
Fabio Longoni

TRAN, CONV

**TITLE**

Identifier allocation method

PTO-2040  
12/99

## ISSUING CLASSIFICATION

| ORIGINAL                     |  |          |  |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |
|------------------------------|--|----------|--|--|--------------------|-----------------------------------|--|--|--|--|--|--|
| CLASS                        |  | SUBCLASS |  |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |  |                    |                                   |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   |  |             |            |                                   |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |  |             |            | Amount Due                        | Date Paid            |
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